



# Collier County

Growth Management Community Development Department  
Operations and Regulatory Management – Contractor Licensing  
2800 N Horseshoe Dr, Naples, FL 34104  
[contractorslicensing@colliercountyfl.gov](mailto:contractorslicensing@colliercountyfl.gov)  
(239) 252-2431

## **Application for Certificate of Competency – Business Organization**

- **COMPLETE AND NOTARIZED APPLICATION.**
- **VERIFICATION OF MINIMUM 75% PASSING SCORE ON EXAMINATION(S):** Attach proof that you have passed the appropriate exam(s) with a minimum grade of 75%. Acceptable documents include a copy of the letter from an approved testing agency [Gainesville Independent Testing (GITS) or PROV] or a letter of reciprocity from another Florida jurisdiction [with exam date(s) and results].
- **PROOF OF SATISFACTION OF LIENS, JUDGEMENTS, AND DISCHARGE OF BANKRUPTCY:** Documentation required for any “YES” responses in the table contained in Section III of the application.
- **CREDIT REPORT:** A credit report from a nationally recognized credit agency if the business organization has been in existence for more than one year. If the business organization has been in existence for less than one year, a credit report on every business organization in which the applicant/qualifier was an agent is required. If neither of the above is applicable a personal credit report on the applicant/qualifier is required.
- **FLORIDA COMPANY DOCUMENTS:** Provide the Articles of Organization issued by the Florida Department of State, Division of Corporations. Include a summary print out from Sunbiz.org for your company name registration. Also provide a copy of the fictitious name recording, if applicable, with the Florida Department of State, Division of Corporations. Name registration forms are available at sunbiz.org.
- **APPLICANT’S INDIVIDUAL OR BUSINESS ORGANIZATION’S:** United States Internal Revenue Tax Number.
- **STATEMENT OF OWNERSHIP:** Complete this form to indicate how much ownership you, the license holder, have within the company you are attaching the license to.
- **RESOLUTION OF AUTHORIZATION:** Complete this form if multiple people own part of the company.
- **NOTARIZED AFFIDAVITS VERIFYING CONSTRUCTION EXPERIENCE:** Attach notarized affidavit(s) verifying that you have the necessary experience in the area covered by the certificate of competency you are seeking. Affidavits are attached to this application and must be completed by past or present employers that are licensed and actively engaged in the construction services field. These cannot be completed by relatives. The following documents are acceptable alternatives to the affidavits in this application:
  - Affidavits from former employers with specifics as to the number of years of experience, work performed and any other relevant information.
  - Copies of other certificates of competency, if any, held by the applicant in other counties or cities.
  - Affidavits from any building director in locations where the applicant has worked.
  - Affidavits from any union organization of which the applicant has been a member relating to the trade for which the applicant has made application.
  - Affidavits from any other source within the trade applied for.

- **MAJOR TRADES:** Include 3 notarized letters on company letterhead from contractors you have worked with. Please include applicant's years of experience in the trade, types of work done, knowledge of the trade, and integrity and good character.
- **2 NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER:** Attach 2 notarized affidavits attesting to your honesty, integrity, good business reputation and competence in the trade category for which you are applying. Individuals may be the same as those providing verification of experience affidavits.
- **COPY OF DRIVER'S LICENSE.**
- **CERTIFICATE OF WORKMEN'S COMPENSATION INSURANCE:** Attach Certificate of Workmen's Compensation insurance showing Collier County Contractor Licensing Board as the certificate holder, using the above mailing address. If exempt, submit a copy of the approved exemption(s) from the State Department of Labor.
- **CERTIFICATE OF GENERAL LIABILITY INSURANCE:** The applicant will be required to present proof of liability insurance issued from an insurance company licensed to do business in the State of Florida. Collier County Contractor Licensing Board must be listed as the certificate holder, using the above mailing address. State-registered applicants are required to carry the minimum amounts set by the DBPR.

**Once approved by the Contractor Licensing Supervisor, please provide the below documents:**

- **BUSINESS TAX RECEIPT:** If the business is physically located within Collier County, please provide the Collier County business tax receipt.
- **STATE REGISTRATION:** The following trades must register with the State Department of Business and Professional Regulation (DBPR) before the certificate of competency is considered active for business:

General Contractor  
Building Contractor  
Residential Contractor  
Roofing Contractor  
Mechanical Contractor

AC Contractor Class A, B, and C  
Plumbing Contractor  
Electrical Contractor  
Swimming Pool Contractor Class A, B, and C  
Burglar/Fire alarm Contractor

**Credit Reporting Agencies – For Reference Only**

(This listing is not all inclusive. You may submit credit reports from agencies not included on this list, so long as they meet the required criteria including a FICO-derived credit score and indicate that local, state, and federal records have been searched).

1st United CRS  
www.unitedcrs.com  
239-206-1049  
800-539-8000

Licenses, Etc.  
www.licensesetc.com  
239-777-1028  
PH 954-573-2700

Credit Check, Inc.  
www.creditcheckinc.com  
561-616-5556  
877-616-5556

Credit Plus, Inc  
818-331-1048  
PH 888-474-2270



# Collier County

## Application for Certificate of Competency – Business Organization

This application must be typewritten or legibly printed. The application fee must be paid upon approval and is **NOT** refundable. All checks should be made payable to: *Collier County Board of County Commissioners*. For further information, consult Collier County Ordinance No. 2006-46, as amended.

### TYPE OF CERTIFICATE OF COMPETENCY:

- |                                      |          |  |          |
|--------------------------------------|----------|--|----------|
| <input type="checkbox"/> General     | \$230.00 | <input type="checkbox"/> Electrician     | \$230.00 |
| <input type="checkbox"/> Building    | \$230.00 | <input type="checkbox"/> Plumber         | \$230.00 |
| <input type="checkbox"/> Residential | \$230.00 | <input type="checkbox"/> Air Conditioner | \$230.00 |
| <input type="checkbox"/> Mechanical  | \$230.00 | <input type="checkbox"/> Swimming Pool   | \$230.00 |
| <input type="checkbox"/> Roofing     | \$230.00 | <input type="checkbox"/> Specialty       | \$205.00 |

Specialty Trade: \_\_\_\_\_

### I. Applicant's Personal Information:

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Last 4 of Driver's License # \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

Pursuant to Collier County Contractor Licensing Ordinance No. 2006-46 Section 2.1.1., all applicants are required to submit their social security number, driver's license, and date of birth for the following purposes: a) Assess applicant's ability to satisfy creditors by reviewing their credit history. b) Verification of applicant's test scores and information. c) Verification of applicant's identity. Our office will only use the personal information noted above for those reasons pursuant to Chapter 119, Florida Statutes, and as may otherwise be authorized by law. We are fully committed to safeguarding and protecting your personal information and once collected, will be maintained as confidential and exempt under Chapter 119, Florida Statutes.

Provide the names and telephone numbers of two persons who will always know your whereabouts.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **II. Name of Applicant's Business:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Federal ID Tax No.: \_\_\_\_\_

## **III. Financial Responsibility**

| YES | NO | ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW:   |
|-----|----|---|
|     |    | Filed for or been discharged in bankruptcy within the past 5 years?   |
|     |    | Had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division?   |
|     |    | Undertaken construction contracts or work that resulted in liens, suits, or judgments being filed?  |
|     |    | Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial statements on?   |
|     |    | Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?   |
|     |    | Been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years?*  |
|     |    | Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction experience?  |
|     |    | Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been "subject to" disciplinary action by a state, county, or municipality? |

**NOTE.** If you have answer **YES** to any of the questions below, you must attach a written explanation including the nature of the charges, dates, and outcomes, sentences or conditions imposed. You must also attach proof of payment, satisfaction of lien or judgement, bankruptcy discharge, or agreements for payment. If you have had a felony conviction, proof that your civil rights have been restored will be required prior to licensure.

#### IV. Experience Verification

##### Education:

List below and provide transcripts for any formal education you have obtained in the area of competency for which this application is being made:

---

---

List below non formal education (on the job training) you have obtained in the area of competency for which this application is being made:

---

---

##### Current/Previous License(s):

---

---

##### Contracting Businesses Owned by the Business Organization During the Last Five Years:

---

---

#### AFFIDAVIT

Under the penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

\_\_\_\_\_  
Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box:

☐ are personally known to me      ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## Verification of Construction Experience

**Applicant's Name:** \_\_\_\_\_

**Certificate Category Requested:** \_\_\_\_\_

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. Please verify the time of active experience and be as detailed as possible. Time served solely in a supervisory or administrative can be included but may or may not be considered sufficient to demonstrate the required trade experience. Please provide the following information:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**License No. (if applicable):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Street

City

State

Zip

The applicant was employed by me from \_\_\_\_\_ to \_\_\_\_\_

**Applicant's title:** \_\_\_\_\_

**Detailed description of the applicant's scope of work (specific duties) included:**

---

---

---

Check all that apply: Residential Single Family ☐ Residential Multi-Family ☐ Condominium ☐ Commercial Building ☐

At least one year of supervisory experience: YES ☐ NO ☐ Interior ☐ Exterior ☐

Signature of person providing the statement \_\_\_\_\_

### AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such

person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## Verification of Construction Experience

**Applicant's Name:** \_\_\_\_\_

**Certificate Category Requested:** \_\_\_\_\_

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. Please verify the time of active experience and be as detailed as possible. Time served solely in a supervisory or administrative can be included but may or may not be considered sufficient to demonstrate the required trade experience. Please provide the following information:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**License No. (if applicable):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Street

City

State

Zip

The applicant was employed by me from \_\_\_\_\_ to \_\_\_\_\_

**Applicant's title:** \_\_\_\_\_

**Detailed description of the applicant's scope of work (specific duties) included:**

---

---

---

Check all that apply: Residential Single Family ☐ Residential Multi-Family ☐ Condominium ☐ Commercial Building ☐

At least one year of supervisory experience: YES ☐ NO ☐ Interior ☐ Exterior ☐

Signature of person providing the statement \_\_\_\_\_

### AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such

person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## Verification of Construction Experience

**Applicant's Name:** \_\_\_\_\_

**Certificate Category Requested:** \_\_\_\_\_

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. Please verify the time of active experience and be as detailed as possible. Time served solely in a supervisory or administrative can be included but may or may not be considered sufficient to demonstrate the required trade experience. Please provide the following information:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**License No. (if applicable):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Street

City

State

Zip

The applicant was employed by me from \_\_\_\_\_ to \_\_\_\_\_

**Applicant's title:** \_\_\_\_\_

**Detailed description of the applicant's scope of work (specific duties) included:**

---

---

---

Check all that apply: Residential Single Family ☐ Residential Multi-Family ☐ Condominium ☐ Commercial Building ☐

At least one year of supervisory experience: YES ☐ NO ☐ Interior ☐ Exterior ☐

Signature of person providing the statement \_\_\_\_\_

### AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such

person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_



## **Affidavit of Integrity and Good Character**

I, \_\_\_\_\_, having been first duly sworn, state and affirm:

During the last \_\_\_\_\_ years I have known \_\_\_\_\_ (applicant). I have had the opportunity to observe his or her business and personal dealings and find him or her to be a person of honesty, integrity and good character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## **Affidavit of Integrity and Good Character**

I, \_\_\_\_\_, having been first duly sworn, state and affirm:

During the last \_\_\_\_\_ years I have known \_\_\_\_\_ (applicant). I have had the opportunity to observe his or her business and personal dealings and find him or her to be a person of honesty, integrity and good character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_. Such person(s) Notary Public must check applicable box:

☐ are personally known to me      ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## Statement of Ownership

This certifies that I, \_\_\_\_\_  
APPLICANT'S NAME (please print)

am a member or managing member of \_\_\_\_\_  
(COMPANY NAME)

I own \_\_\_\_\_ % of the units issued by the Limited Liability Company listed above.

### AFFIDAVIT:

I certify under penalty of perjury that the information contained is a true and correct statement to the best of my knowledge.

\_\_\_\_\_  
Applicant (please print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box:

☐ are personally known to me      ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## Resolution of Authorization

*\*Complete this form if multiple people own part of the company the license will be attached to. If there is only one owner, then this form is not required for the application.\**

In accordance with Collier County Ordinance 2006-46, as amended, \_\_\_\_\_  
(Company Name)

proposes to engage in contracting as \_\_\_\_\_ in Collier County where \_\_\_\_\_  
(Officers/Owners/Partners) (Qualifier Name)

proposes to qualify for a Certificate of Competency with \_\_\_\_\_  
(Company name)

It is hereby agreed upon that we the undersigned \_\_\_\_\_ of \_\_\_\_\_  
(Officers/Owners/Partners) (Company)

resolve and represent to the Collier County Contractor Licensing Board that the proposed qualifying agent,

\_\_\_\_\_, is active in all matters connected with the company named  
(Qualifier Name)

\_\_\_\_\_. We further resolve and represent that \_\_\_\_\_ is legally  
(Company) (Qualifier Name)

empowered to act on behalf of \_\_\_\_\_ in all matters connected with its contracting  
(Company)

business and has the authority to supervise construction undertaken by \_\_\_\_\_.  
(Company)

\_\_\_\_\_  
Officers/Owners/Partners

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Officers/Owners/Partners

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Officers/Owners/Partners

\_\_\_\_\_  
Witness

### AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such

person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## **Workmen's Compensation Affidavit**

It is understood and acknowledged that if I fail to acquire or maintain effective Workmen's Compensation Insurance it may result in the revocation of my Certificate of Competency.

\_\_\_\_\_  
Applicant (please print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Applicant

### **AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box:

☐ are personally known to me      ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_

## **Certification of Application**

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing qualifier information and that the facts stated in it are true.

The undersigned hereby certifies that he/she is legally qualified to act on behalf of the business organization sought to be licensed in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this registration to be able to so bind said business organization. The qualified license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his/her license.

Any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Applicant (please print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Applicant

## **AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box:

☐ are personally known to me      ☐ has produced a current driver license

☐ has produced \_\_\_\_\_ as identification.

(Notary Seal)

Notary Signature: \_\_\_\_\_